DOCUMENT RESUME

ED 423 080 PS 026 957

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TITLE	Child Care by Kith and Kin: Supporting Family, Friends, and Neighbors Caring for Children. Children and Welfare Reform Issue Brief 5.
INSTITUTION	National Center for Children in Poverty, New York, NY.
SPONS AGENCY	A.L. Mailman Family Foundation, Inc.
PUB DATE	1998-00-00
NOTE	23p.
AVAILABLE FROM	National Center for Children in Poverty, 154 Haven Avenue, New York, NY 10032; phone: 212-304-7100; fax: 212-544-4200, 212-544-4201; e-mail: nccp@columbia.edu ($5).
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Change Strategies; *Child Caregivers; Early Childhood Education; *Family Day Care; Low Income Groups; Program Descriptions; Public Policy
IDENTIFIERS	Child Care Needs; Day Care Licensing; Day Care Quality; Day Care Regulations; Welfare Reform

ABSTRACT

Changes being implemented in welfare policies and programs as a result of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 have the potential to help or hurt children by changing family income, by changing the level of parental stress or parenting styles, and by changing children's access to comprehensive family support and child-focused services. This paper focuses on child care for low-income families provided by friends and relatives. The paper summarizes the research on kith and kin child care, examines traditional policies, describes innovative program strategies, and make recommendations that states and local communities can use to reach out to these child care providers and the children for whom they care. (Contains approximately 20 references.) (KB)

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ED 423 080

Children and Welfare Reform

Issue Brief 5

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Child Care by Kith and Kin– Supporting Family, Friends, and Neighbors Caring for Children

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NATIONAL CENTER FOR CHILDREN IN POVERTY

Series Introduction

Recent federal welfare legislation, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRA), can have a major impact on the health and development of young children living in poverty. Changes now being implemented in welfare policies and programs take many forms, but most of them have one thing in common—they are almost all driven by adult-focused goals. However, two-thirds of recipients of the former welfare program know as Aid to Families with Dependent Children (AFDC) were not adults—they were children,[1] a reality likely to continue. While policymakers and program directors often recognize this fact, there is very little information available to them about how to protect children and enhance their growth and development within the context of welfare changes.

A growing body of research points to an emerging consensus that successful policies for families must take into account the needs of children when addressing the needs of parents and the needs of parents when addressing the needs of children. Welfare reform has the potential to help or hurt children in three major ways: (1) by changing family income; (2) by changing the level of parental stress and/or parenting styles; and (3) by changing children's access to comprehensive family support and child-focused services.[2] Building on this framework, the National Center for Children in Poverty (NCCP) has developed a series of issue briefs on children and welfare reform to help policymakers, community leaders, and advocates use the opportunities afforded by welfare reform in ways that are most likely to benefit *both* children and adults.

This issue brief focuses on child care for low-income families provided by friends and relatives. These caregivers are often used by families of all income levels, and especially those with young children or those receiving welfare benefits to enable them to be employed or to take advantage of training opportunities. The report summarizes the research on kith and kin child care, examines traditional policies, describes innovative program strategies, and makes recommendations that states and local communities can use to reach out to these child care providers and the children for whom they care.

This issue brief is also the first in a new series of publications focusing on early care and education for low-income families. It was made possible by a grant from the A.L. Mailman Family Foundation. NCCP takes responsibility for the facts and opinions presented in the issue brief.

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NATIONAL CENTER FOR CHILDREN IN POVERTY (NCCP) was established in 1989 at the School of Public Health, Columbia University, with core support from the Ford Foundation and the Carnegie Corporation of New York. The Center's mission is to identify and promote strategies that reduce the number of young children living in poverty in the United States, and that improve the life chances of the millions of children under age six who are growing up poor.

The Center:

- Alerts the public to demographic statistics about child poverty and to the scientific research on the serious impact of poverty on young children, their families, and their communities.
- Designs and conducts field-based studies to identify programs, policies, and practices that work best for young children and their families living in poverty.
- Disseminates information about early childhood care and education, child health, and family and community support to government officials, private organizations, and child advocates, and provides a state and local perspective on relevant national issues.
- Brings together public and private groups to assess the efficacy of current and potential strategies to lower the young child poverty rate and to improve the well-being of young children in poverty, their families, and their communities.
- Challenges policymakers and opinion leaders to help ameliorate the adverse consequences of poverty on young children.

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In the last decade, one area of focus for those concerned with child care has been caregivers who do not consider themselves to be professionals but routinely care for children while parents work or prepare for work. There are many names for this care—informal child care, license-exempt family child care and relative care, child care by family friends and neighbors, and child care by kith and kin. Given that the child care field has had difficulty coming up with a common name for this category (or these categories) of individuals, it is not surprising that the field also is still in the process of building consensus on the nature of appropriate policies and program strategies to support these caregivers. A significant proportion of public subsidies go to kith and kin caregivers, and child care policymakers and others believe that increasing numbers of families will use subsidized care of this nature as a consequence of welfare changes. Therefore, there is increasing interest in identifying what, if anything, can and should be done for children, families, and caregivers involved in kith and kin child care.

This issue brief provides an overview of the issue; describes what research tells us about kith and kin child care, traditional policy approaches, and new approaches to reach out to kith and kin child care providers; and identifies implications for policies, program strategies, and further research.

The information summarized in this issue brief is intended to inform the public dialogue about kith and kin care and serve as a starting point for those interested in developing programs and policies and reviewing recent research related to kith and kin child care.

Overview of the Issues

Millions of Children Are Cared for by Relatives and Friends

The child care field has worked for decades with the goal of providing children with growth-enhancing child care that will enable them to be ready for school. Efforts have been made to improve regulations so that children can be in safe environments, to increase the level of training and compensation for child care staff, and to help parents find and pay for child care that meets their families' multiple needs. However, it is easy to forget that the child care strategies that the field has so long supported—the centers, the part-day programs, the family child care businesses—serve barely half, at the very most, of families with preschoolers and working mothers. Although the exact number of children who are cared for by relatives and friends while their parents work is not known, it is clear that there are many millions of them. The most specific recent estimate comes from the U.S. Census Bureau, which reported that only 52 percent of children under age five with working mothers were primarily cared for in child care centers or by nonrelatives (including both licensed and unlicensed family child care providers, nannies, baby sitters, and friends).[3]

Only 52 percent of children under age five with working mothers were primarily cared for in child care centers or by nonrelatives. The rest of the children were cared for by family members.

The rest of the children (48 percent) were cared for by family members: 16 percent of children were cared for by their fathers, 25 percent by grandparents or other relatives, and 6 percent by mothers themselves while they worked.[4] A greater proportion of families in which the mother worked part-time, evening, or night shifts relied on relatives for the principal form of care—59 percent of those working nonday shifts and 58 percent of those working part-time. Poor families were also more likely to use relative care—60 percent of poor families compared to 46 percent of nonpoor families. In fact, a preschool child in a poor family with a working mother was 50 percent more likely than a similar child from a nonpoor family to have a grandparent as his or her primary caregiver.

What Is Kith and Kin Care and Who Uses It?

Kith and kin child care is frequently, but imprecisely, referred to as "informal care," a term used to identify several types of care situations for which licensing is not required—from family child care providers who take care of fewer children than the minimum required for state licensing or registration, to nannies or au pairs, to grandmothers, to teenage baby-sitters, to cooperative arrangements between parents. These types of arrangements differ from one another greatly in both legal and practical perspectives. This issue brief focuses on the subgroup of license-exempt caregivers, "kith and kin" providers, who are relatives or close acquaintances of the family and who provide care in their home to a small number of children.

Kith and kin child care is preferred and used by families of all income levels, especially during key points in their children's lives, such as infancy.[5] Parents' choice of kith and kin caregivers reflects a wide variety of considerations:

- *Child's age*. Many parents prefer home-based care by familiar individuals for infants and toddlers.
- *Scheduling needs*. Many parents need care part-time or during nontraditional hours, such as night or weekend shifts, when formal child care cannot be arranged.
- *Variable and unpredictable work obligations*. Not all parents who use kith and kin providers have permanent full-time jobs. Parents who start and stop child care frequently may look to a familiar individual to reduce the disruptiveness of the changes for children.
- *Availability of alternatives*. Communities vary widely in the set of available child care options. Some neighborhoods have plenty of centers or licensed homes; others are filled with networks of kin and friends. Certain alternatives may not be acceptable to parents who speak no English, cherish a particular culture, or are fearful of emotional or physical abuse.
- Cost. When cash is in short supply, families may turn to kith and kin caregivers who will help for little pay or barter. To some, it means a great deal to keep the money—whether from the parent's payment or a child care subsidy—in the family system.

A Walk Through the Confusing World of Definitions

License-Exempt Child Care refers to child care that operates legally without being licensed by the state child care licensing agency. The term "license-exempt" can define many different forms of care, depending upon a particular state. Such child care often includes small family child care homes (the precise size of "small" is determined by state licensing rules); in-home care by relatives and nonrelatives, such as nannies and baby-sitters; care by a relative in the relative's home; and center-based care that is exempt from licensing for some reason (e.g., because it is operated by and on the premises of a public school or a church, or because parents are on the premises during the time of their children's care). "License-exempt" is an attribute of different forms of child care, it is not a form of care in and of itself.

Informal Care is a term often used to describe several different forms of license-exempt care, including small family child care, "baby-sitting" and other in-home care, and relative care. It is often used to refer to license-exempt caregivers who receive subsidies. Research indicates that each of these forms of care may have different attributes and that generalizations related to informal care as a broad category may be misleading.

Subsidized, License-Exempt Care is often subject to some regulatory standards because providers are receiving public funds. Just as standards for licensed family care vary greatly from state to state, from self-certification to required training and inspections, funding standards for license-exempt family child care also vary greatly, from self-certification, to criminal records checks, to required training. Funding standards for license-exempt family child care in some states are more stringent than are licensing standards for licensed family child care in other states. For instance, in New Jersey, subsidized license-exempt care must receive home inspections; in Oregon, family child care homes (both subsidized and unsubsidized) must merely complete a self-certification.

Kith and Kin Child Care refers to care provided by relatives (kin) or people who function in children's lives as relatives (kith). It is not a term used to define an individual child care home or setting that would be considered part of the supply of care widely available to children in a community; rather, it is a care relationship between a specific child and adult because of family or family-like relationships (e.g. a child is a niece of the caregiver or a godchild of the caregiver). Kith and kin child care is not a legal definition of care arrangements. Some "kith" in some states must be licensed; some can be license-exempt, depending upon the number of children being cared for in the home.

Policymakers Refocus Attention on Kith and Kin Child Care

Child care by friends (kith) and relatives (kin) may be the oldest form of care, but it has only relatively recently received significant attention from policymakers. Since the early 1990s, there has been a growing interest among policymakers and service providers in the early childhood community about child care offered by kith and kin, especially when paid for with public subsidies. Issues first surfaced in the late 1980s, when states were required to use federal subsidies to pay for all legal forms of child care under the Family Support Act. The passage of the federal welfare reform law in 1996 brought wide consensus that success in moving large numbers of parents receiving cash assistance into the workforce will result in increased subsidies going to kith and kin caregivers. Thus, the unresolved issues about kith and kin child care have received renewed interest: its strengths and weaknesses, ways to guarantee its safety and improve its quality, and how it compares with formal child care.

Child care professionals and state and local policymakers bring to the topic a host of conceptions and misconceptions about kith and kin child care. Many child care experts, who have made great efforts to professionalize the field of early care and education, worry about the effects of giving legitimacy to a group of caregivers who do not, and probably never will, see themselves as professionals. They tend to worry about the ramifications of allowing public subsidy dollars, which are scarce, but seen as vital to the stability of many centers and regulated family child care homes in low-income neighborhoods, to flow to unregulated sources of care. Many also believe that the quality of care by kith and kin is worse than that offered by center-based and regulated caregivers.

Child care administrators are under more and more pressure to act as federal work requirements affect increasing proportions of cash assistance recipients in the next several years and already stressed subsidized child care systems in some states must serve additional families. Although they worry about quality issues, administrators tend to focus on the budget and liability implications of unregulated care. Some state and community officials worry about their liability when public

Child care by friends (kith) and relatives (kin) may be the oldest form of care, but it has only relatively recently received significant attention from policymakers." Issues first surfaced in the late 1980s, when states were required to use federal subsidies to pay for all legal forms of child care under the Family Support Act.

funds pay for care in settings that have not been inspected by state or local authorities. Others comment on the potential for fraud through kickbacks when a subsidy recipient splits the child care payment with a relative or friend. However, others see no problems with stretching child care dollars by urging parents to make low-cost, license-exempt arrangements.

Research Challenges Assumptions About Kith and Kin Child Care

Research available to policymakers and professionals is not very helpful in providing definitive information to direct policies and to allay or confirm concerns about kith and kin child care. Much of the information about child care by kith and kin comes from census data and large-scale surveys such as the National Child Care Survey of 1990[6] and the Current Population Surveys of the U.S. Bureau of the Census, which detail the forms of care that parents select and relate them to various child and family characteristics, such as the age of the child or the income of the family. The large-scale studies and data sets are somewhat helpful in tracking trends about the use of relative care, but they leave a large number of unanswered questions. Policymakers and practitioners who want to address issues related to kith and kin care have little specific, valid information from research and practice upon which to develop initiatives. Furthermore, a comprehensive scan of research findings conducted by NCCP indicates that many of the assumptions about care provided by kith and kin may be misconceptions.

ASSUMPTION 1: Relative caregivers have little interest in improving the quality of care that they are providing.

What Research Indicates: A study by the Families and Work Institute found that the quality of care by those who cared for one or two children (many of whom were relatives) was less nurturing and stimulating than that of caregivers who treated their work more as a business.[7] (The study used measures of quality for formal child care homes to evaluate the interactions between relatives and children.) Researchers pointed out that many of the relative caregivers took children to help out the mother, not out of an interest in the children. In explaining the negative portrait of care by relatives, the study introduced the term "intentionality" to describe the orientation to care that leads caregivers to seek training, plan activities, adopt sound business practices, and provide higher quality care for children. However, the dichotomy established by the "intentionality" definition has tended to result in practitioners dividing relative caregivers into two camps: those motivated to help out the mother (who by "intentionality" implications have no interest in improving the quality of the care they provide) and those motivated to care for the children. These assumptions do not necessarily hold up in other studies and experiences. For instance, in a survey of license-exempt caregivers in Los Angeles, 85 percent indicated they had become involved in care because they had been asked to help out a friend or relative, and 44 percent noted they were interested in working with children.[8] One therefore might expect a relatively low interest in skill development, but 71 percent wanted training on child development. In addition, subsidy administrators and others involved in child care policymaking from several large cities have given accounts of a great thirst for information by relative and other license-exempt providers in their cities.[9] Similarly, while relative and in-home caregivers in a Rhode Island study emphatically said that they did not want or need "training," they were interested in participating in "get-togethers."[10]

ASSUMPTION 2: Care by kith and kin is consistently of substandard quality compared to care offered by other types of caregivers.

What Research Indicates: The Families and Work Institute study described above is one of very few studies that examine the quality of kith and kin child care, but there are several state studies that describe the physical environment in which kith and kin child care occurs. These studies of the homes in which children receive license-exempt care—and it is important to remember that half of child care by relatives occurs in the child's own home—found health and safety violations as might appear in a typical home. For instance, inspections of relatives' and in-home providers' homes in New Jersey found primarily minor violations.[11] The Rhode Island study of relative and in-home care found that in 42 percent of the children's own homes and relatives' homes there were such safety problems as peeling paint, electrical outlets without caps, open windows on upper floors, or dangerous objects within a child's reach.[12] The same study found that 92 percent of the children observed were clean and well-cared for physically. Research on parents' perceptions of quality indicates that parents perceive more variations in the quality of care within different types of care (e.g., center care, family child care homes, etc.) than between types of care.[13]

ASSUMPTION 3: The same recruitment and training approaches used for increasing the number of regulated family child care providers will work for kith and kin caregivers.

What Research Indicates: There are no significant research findings on different strategies to support kith and kin caregivers. Anecdotal reports reveal mixed experiences. Organizations in Atlanta and elsewhere report that efforts to recruit caregivers to become licensed and regulated were initially unsuccessful.[14] However, when programs were adapted to efforts to reach out to and support caregivers without the explicit goal of making them licensed, they were much more effective. On the other hand, 69 percent of respondents to the license-exempt study in Los Angeles indicated an interest in becoming regulated family child care providers.[15] Further, staff involved in initiatives to reach out

to relative and other unregulated providers in New York State and elsewhere have reported that a significant proportion went on to become regulated family child care businesses.

ASSUMPTION 4: Most families who use relative care do so because of an ignorance about the benefits of formal child care options.

What Research Indicates: Fifty percent of parents in the Rhode Island study had experiences using another type of care.[16] Work by Arthur Emlen indicates that parents' use of kith and kin child care may have more to do with its flexibility to fit scheduling needs than with any other factor.[17] Emlen found that with employed parents, flexibility has to come from somewhere, and the three sources are work, family, and caregiver. Those who depended on relatives for child care had a low degree of family flexibility, because they were usually single parents without other adults with whom to share work and family responsibilities, but they had a high degree of caregiver flexibility. In contrast, those who used center-based child care had lower-than-average caregiver flexibility, which they could accommodate because they had average work and family flexibility.

The studies and experiences cited above are by no means comprehensive. Many of them examine small subsections of the great range of those who are license-exempt and care for children (e.g., those receiving subsidies in Rhode Island and Maryland and those targeted for recruitment into a program in a particular city) and in particular states and communities. While these studies indicate that many of the assumptions about kith and kin care may be somewhat misguided, they are not helpful in pointing the way toward what should be done.

Traditional Policy Approaches to Child Care by Kith and Kin

Despite limited information, issues related to kith and kin care need to be addressed. The approaches that policymakers and professionals have used to date primarily fall into one of three categories. They either: (1) focus solely on basic health and safety issues for subsidized care provided by kith and kin, sometimes with the assumption that this form of care is of poorer quality than other forms of child care; (2) set different levels of subsidy payments for kith and kin caregivers in comparison with licensed providers; or (3) treat kith and kin providers as aspiring family child care businesses.

Regulating Subsidized Kith and Kin Caregivers

In most states, license-exempt child care providers must comply with at least some regulatory requirements, which are also called funding requirements, as a condition of receiving subsidy funding. These vary as greatly from state to state as the definition of which providers are exempt from licensing. State and local policymakers struggle with finding the right balance of requirements for these providers, to ensure that care paid for with public funding will not endanger children, to make the funding requirements fit within the state's entire regulatory scheme (e.g., not to require more of small, license-exempt family child care homes than what is required of larger licensed or certified family care homes), and at the same time to avoid inordinately limiting parents' range of selection of arrangements that make the most sense for their families. Without information on the implications and costs of any particular regulatory strategy, this is a difficult line to walk.

Setting Payment Rates for Subsidized Kith and Kin Caregivers

Under current law, states have flexibility to develop child care payment systems and reimbursement rates. For most states, child care payment rates are formulated most often from an assessment of the market price for center and family child care in a particular community for a particular type of care (e.g., the going price of full-time center-based care for two-year-olds, part-time family child care for infants, etc.). However, with kith

Requirements License-Exempt Providers Must Meet to Receive Subsidies

The following examples show the range of what is required, according to the Children's Defense Fund, and what must be licensed, registered, or certified, according to the Child Care Law Center.

State	Requirement to Receive Subsidies	What Must Be "Licensed," "Registered," or "Certified" as of 1996
ARIZONA	Requires exempt relatives to be fingerprinted and license-exempt family child care providers to be "certified."	Family caregivers who care for 5 or fewer unrelated children are not required to register.
HAWAII	Requires providers to sign a one-page document stating that they qualify to be legally exempt.	Family child care homes are required to register if there are 3 or more children in care.
NEW HAMPSHIRE	Requires no standards for exempt providers, but legislation is pending that would make a criminal record check mandatory.	Family child care homes fall within licensing requirements if serving 4 or more children.
RHODE ISLAND	Requires child abuse and criminal clearance for exempt providers every 2 years.	Family child care certification is required if there are 4 or more children and voluntary for fewer children.
TEXAS	Relatives may receive subsidies, but license-exempt providers may not.	Registration is mandatory with 4 children, voluntary for fewer children.
WISCONSIN	Has "certified" providers who must meet extensive standards, including a background check, 15 hours of training, and a home visit. Those "provisionally certified" must meet the same requirements but are exempt from 15 hours of training.	Licensing is mandatory for 4 or more children.

Sources: Blank, H. & Adams, G. (1997). *State developments in child care and early education 1997*. Washington, DC: Children's Defense Fund; and Child Care Law Center. (1996). *Regulation-exempt family child care in the context of publicly subsidized child care: An exploratory study*. San Francisco, CA: Child Care Law Center.

and kin care, the situation is different. Setting a rate for kith and kin care cannot be done according to the "market rate" for such care. There is no "market" per se for kith and kin care the way there is for center care and family child care businesses, in that a "slot" of care is not generally available to the public and its price set according to competition with other similar providers. When they are subsidized, kith and kin providers tend to charge the state payment rate. Therefore, the state has no clear basis upon which to determine a rate as it does for other types of care.

For license-exempt and relative providers, as well as for other providers, a number of states use differential rates, which means that rate ceilings are set at higher or lower levels to encourage or discourage certain types of care or in an attempt to accurately reflect a fair and reasonable cost for non-market care.[18] Using a differential rate, states can choose to pay license-exempt providers a proportion of the rate for licensed family child care homes. One underlying aim is to provide an incentive for regulated care.

As welfare reform moves many women receiving TANF (Temporary Assistance to Needy Families which replaced AFDC) into the workforce, states are faced with the Solomon-like task of using rates to encourage quality improvements in all types of child care, including kith and kin care, while at the same time making rates low enough so that the money can be stretched effectively across a maximum number of families. In such a context, there are several reasons why it may be in the interest of state policymakers to pay less for license-exempt family child care:

- a larger number of families could be served (although it's unclear how the rate will affect parents' selection of licensed vs. license-exempt care);

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- the higher payment level for licensed care may reflect more accurately the fact that licensed providers' costs of doing business are higher than those of license-exempt family child care homes; and
- the higher payment rate may encourage license-exempt providers to become licensed.

However, there are also concerns that a lower rate could significantly inhibit parents from using this form of care even when it makes the most sense for their families. Recent research from the Children's Defense Fund reveals that states are using both higher and lower differential rates to pay less for license-exempt care and more for care that meets higher standards than those required by state licensing rules. For example, Arizona, Hawaii, Georgia, Iowa, Minnesota, Mississippi, Nebraska, North Carolina, Tennessee, Utah, and Wisconsin are or will be paying less for license-exempt child care per child than for other categories of care. Some of these same states (Arizona, Minnesota, Mississippi) also have increased rates for centers and family day care homes that meet higher quality standards, such as those who are accredited.[19]

Recruiting and Training Providers So They Will Be Licensed and Regulated

Traditionally, child care resource and referral agencies and others have recruited and trained individuals to become licensed family child care businesses. Some of these individuals started out caring for relatives or for the children of neighbors before entering training or accreditation programs to become professional caregivers. Other factors beyond a general desire to build a high-quality supply of care have increased the interest of policymakers in recruitment and training. As part of efforts to meet the increased demand for child care resulting from welfare reform, and to provide welfare recipients with employment opportunities, several states have begun initiatives to train welfare recipients to become child care providers. These efforts may or may not be explicitly aimed at increasing the number of license-exempt child care providers. These intertwined topics—recruiting efforts to build the supply of family child care, training welfare recipients to work in the field of child care, and, specifically, recruiting welfare recipients to be license-exempt child care providers—are very complicated and require careful and thoughtful study. It is also important that they be considered within the context of individual state's licensing and regulatory systems, training approaches for child care workers, and welfare reform initiatives. A number of organizations, including the National Association of Child Care Resource and Referral Agencies (NACCRRA), are giving serious, concerted attention to kith and kin care.[20]

Few efforts are under way to reach out to kith and kin caregivers who are not interested in becoming family child care businesses, which may be a significant proportion of those caring for children.

Some members of the child care field are beginning to recognize that these three kinds of approaches—regulatory, payment, and efforts to license family child care providers—may not be effective in engaging at least some kith and kin caregivers and helping them strengthen the quality of their care, especially those who see themselves as providing a form of shared parenting that is an extension of their everyday interactions with family or friends.

These strategies leave two significant gaps. First, few efforts are under way to reach out to kith and kin providers who are not interested in becoming family child care businesses, which may be a significant proportion of those caring for children. Second, few, if any, policy efforts focus on those kith and kin providers who are not receiving public subsidies.

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New Approaches to Reach Out to Kith and Kin Child Care Providers

In the last six months, NCCP has collected information about child care strategies whose goal is to reach out to kith and kin caregivers to strengthen the care that they provide. The aim was to highlight those approaches that fit into a fourth category—those that were not specifically related to regulation, payment, or training individuals to be family child care businesses. Rather, the intention was to identify those initiatives that were using one or more of the following strategies: reaching out to kith and kin providers as part of larger efforts to build systems of care and increase quality across the board; adapting family support models to reach out to kith and kin caregivers and pay attention to cultural issues; using a center-based program as the hub of efforts to reach out to kith and kin providers; using the federal Child and Adult Care Food Program with license-exempt providers who are regulated as a result of receiving subsidies; and bringing resources to kith and kin caregivers.

The strategies highlighted in this section vary greatly in their intensity and the degree to which they are considered separate from the ongoing work of the sponsoring organization. Although evaluations for some of the initiatives are planned, none have been completed to date. In fact, few of the initiatives identified are beyond the initial implementation stage. Rather, these initiatives emphasize ways in which individuals on the state and local level are beginning to think about or provide support of a different kind to families and caregivers involved in kith and kin care arrangements.

STRATEGY: Reaching Out to Kith and Kin Caregivers as Part of State- or Community-wide Efforts to Boost the Quality of All Forms of Child Care

A number of initiatives designed to strengthen the array of early childhood care and education services recognize that kith and kin caregivers are part of the fabric of care in a community and include strategies to strengthen the care that children receive in these settings as well as in others. Two of such approaches are highlighted below.

Strategies to Reach Out to Kith and Kin Child Care Providers

- Reaching out to kith and kin caregivers as part of state- or community-wide efforts to boost the quality of all forms of child care;
- Using family support models to engage kith and kin caregivers and pay attention to cultural issues;
- Using new messengers to reach out to kith and kin caregivers;
- Using a center-based program as the hub of efforts directed at kith and kin caregivers;
- Using the Child and Adult Care Food Program with license-exempt providers who are regulated as a result of receiving subsidies; and
- Bringing resources to kith and kin caregivers.

Training and Support of Neighborhood and Relative Caregivers Project
YWCA of Greater Pittsburgh, Child Care Partnerships
(Pittsburgh, Pennsylvania)

Child Care Partnerships (CCP), a program of the YWCA of Greater Pittsburgh, is a public/private venture committed to improving the quality of child care and enhancing the child care system in Allegheny County. CCP has five distinct functions: (1) the Child Care Resource and Referral Service, which gathers and maintains information concerning licensed and registered child care programs in Allegheny County; (2) the Child Care Information System for the distribution of Child Care Development Block Grant funds; (3) a comprehensive training and technical assistance program for child care providers; (4) a provider of technical assistance and enhanced referral services around child care and work/life-related issues for local employers; and (5) the Child Care Resource Developers Program which works with community leaders, businesses, and the general public to understand child care needs throughout western Pennsylvania and facilitates collaboration, leverages public funds, and administers a grant program to expand child care capacity.

Initiative Goals: The Neighborhood and Relative Care Project, funded by Keystone University Research

Corporation, seeks to recruit and train 150 neighbor and/or relative caregivers within a five-county region.

Program Features: Each of the 150 caregivers will attend 14 hours of workshops on the following topics: scheduling and management, organizing and planning activities for children, health and safety issues, child development, nutrition, and working with families and parents. For further personalization, three additional hours of home visits and/or phone consultations will be offered to each caregiver that can be tailored to address their individual issues and needs.

To identify caregivers who may be interested in participating in the workshops, an outreach coordinator will work with community agencies such as the Early Childhood Initiative, Head Start, and family support centers. The coordinator will interview potentially interested caregivers to ensure that the workshops and supports address each caregiver's unique needs.

Participants will be asked to evaluate each training session as well as general technical assistance offered. Caregivers will receive follow-up calls once a month and periodically thereafter for the project's duration.

Contact: Debbie Pricener, Director, Resource and Referral Child Care Partnerships, YWCA of Greater Pittsburgh, 305 Wood Street, Pittsburgh, PA 15222. Phone: (412) 255-1456.

Minnesota Welfare to Work Partnership
McKnight Foundation
(Minnesota)

In September 1997, the McKnight Foundation instituted a two-year, $20 million effort to encourage creative, cooperative solutions to the challenges posed by welfare reform in Minnesota. The foundation will support three types of strategies: local welfare-to-work partnerships; selected efforts that address aspects of welfare reform requiring a uniform approach or statewide funding; and learning and evaluation efforts. The overall goals of the Welfare to Work Partnership are to improve prospects for families to succeed in moving from welfare to work, to stimulate innovations that result in a more effective welfare delivery system that can be sustained by public resources, and to ensure that those who are shaping the changes in Minnesota's welfare system have the opportunity to learn from best practices culled from across the nation.

Goals for the License-Exempt Care Component of the Initiative: As part of this major initiative, the foundation has pledged $1.4 million over two years to the Minnesota Department of Children, Families, and Learning to help meet the demand for quality child care as parents leave welfare for jobs. Since 40 percent of Minnesota's public assistance recipients entering the workforce leave their children with relatives, neighbors, or friends, the state will use the McKnight funds to support license-exempt providers through a network of 23 child care resource and referral agencies. Implementation of local initiatives is expected by the end of 1998.

Program Features: The funds will be distributed through Minnesota's child care resource and referral agencies, which will be asked to develop solutions that make the most sense for their communities. Local child care resource and referral agencies may develop any range of approaches, from outreach workers and workshops developed around family support models to efforts to bring kith and kin caregivers into the licensed family child care system. Since the foundation has also funded each local planning area in the state to develop a comprehensive plan for TANF implementation, the expectation is that the local kith and kin support project will be coordinated with each community's larger welfare reform strategy.

The foundation is also contributing $50,000 toward an evaluation of Minnesota's overall child care strategies in response to welfare reform, so there are likely to be some interesting findings regarding the strategies utilized with the license-exempt group.

Contact: Zoe Nicholie, Supervisor of Child Care Development Programs, Department of Children, Families, and Learning, State of Minnesota, Capitol Square, 550 Cedar Street, St. Paul, MN 55101. Phone: (612) 296-6086.

STRATEGY: Using Family Support Models to Engage Kith and Kin Caregivers and Pay Attention to Cultural Issues

A number of initiatives designed to reach out to kith and kin caregivers are based on the knowledge that

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many of these caregivers are relatives or close family friends, and draw from the research and practice of the family support movement. These initiatives often acknowledge and embrace the cultural communities in which such care is located and are designed to build on the strengths of families, caregivers, and communities.

Building Better Villages
Starting Points
(Minneapolis and Worthington, Minnesota)

Through the Carnegie Corporation Starting Points initiative,[21] Minneapolis Way To Grow, the Early Childhood Resource Center (ECRC) and Cultural Beginnings have instituted the Building Better Villages (BBV) project, which focuses on improving the supply of high-quality, affordable kith and kin care in one urban neighborhood (Phillips, Minneapolis) and one rural southern Minnesota town (Worthington). BBV began in March 1997 and is a collaborative venture between the mayor's office (Way To Grow) and two of Minnesota's child care resource and referral agencies.

Initiative Goals: BBV recognizes that in low-income communities and communities of color, unlicensed kith and kin care plays an essential economic role. The ability and willingness of a friend or relative to provide low-cost or free child care is often what allows many parents to work outside the home and be economically self-sufficient. Recognizing this, the members of the BBV initiative seek to support these networks while at the same time providing opportunities to improve the quality of kith and kin caregivers.

Program Features: The collaborative is using somewhat different approaches in the two neighborhoods in which it is working. In Phillips, Minneapolis' most economically stressed and ethnically diverse neighborhood, the Early Childhood Resource Center has taken the lead role, implementing a family support/home-visiting model. An ECRC outreach worker works in tandem with the Way to Grow agency (PhillipsTLC) located in the Phillips community. Family resource workers engage families directly, largely through home visiting, to help them access necessary resources and meet their self-identified goals. In this part of the initiative, unlicensed providers are identified who may wish to attend monthly "dialogue" groups. Each caregiver receives a $160 stipend for supplies. In addition to the monthly meetings, in 1997, two workshops were offered to dialogue group participants—a six-hour session on culturally relevant care and a three-hour session on arts and crafts.

In Worthington, Cultural Beginnings has taken the lead, implementing a community-organizing model through its work with five Southeast Asian groups. In the first year of the initiative, efforts focused on convening child care providers from each of the different language/cultural groups in order to transcend differences and reach a common vision for families in their neighborhood. The group identified several issues of importance to the Southeast Asian community, including violence and its impact on child development, infant and toddler caregiving, and cultural competencies, and ran community forums and workshops on such topics. In mid-1998 nonstandard hour, culturally appropriate child care will be offered with the support of the local child care resource and referral agency. A cultural center and home-based services are also planned.

The multicultural and community-organizing aspects of this project have attracted much attention. Recent Minnesota public and private sector responses to TANF implementation, including the McKnight Foundation's $20 million statewide initiative and the Minneapolis Success By Six Task Force on Child Care and Welfare Reform, indicate considerable interest in replicating BBV's outreach strategy to license-exempt child care providers.

Contact: Annie Sherman, Minneapolis Way to Grow, 2610 Grand Avenue South, Minneapolis, MN 55408. Phone: (612) 874-4744.

The Child Care and Family Support Partnership
Bank Street College of Education, Child Care, Inc., Aquinas Housing Corporation, WHEDCO at Urban Horizons, and the Citizens Advice Bureau
(New York, New York)

The Child Care and Family Support Partnership (CCFSP) is a collaboration of five organizations: the Bank Street College's Center for Family Support, which provides technical assistance and staff development to family support programs; Child Care, Inc., a large child care resource and referral agency in New York City; and three New York City comprehensive family sup-

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port programs sponsored by community agencies: Aquinas Housing Corporation; WHEDCO at Urban Horizons, which manages not-for-profit housing; and the Citizens Advice Bureau (CAB), a grassroots organization. All three serve African-American and Latino families, primarily Puerto Rican and Dominican families from the South Bronx.

Initiative Goals: This collaborative initiative has two primary goals: to strengthen the capacity of low-income communities to enhance the quality of child care that children receive and to provide information about economic opportunities for individuals who choose child care as employment. The project began in July 1997. Recruitment of the first cohort of 45 caregivers took place in March 1998, and the program began to work with the caregivers in groups of 15 in April 1998.

Program Features: This two-year project consists of four components: research on the characteristics, needs, and interests of kith and kin caregivers through six focus-group meetings; creation of a 30-hour train-the-trainer curriculum for community development organization staff on child development and child care employment options for caregivers; support through a variety of activities (support groups and written materials, depending on the outcomes of the research) for 135 kith and kin caregivers; and documentation of project activities.

The focus-group discussions aim to uncover the reasons individuals are providing care, the nature of the arrangements, the issues that kith and kin caregivers face, and their interests and needs. The training curriculum is based on the Center's analysis of the initial focus-group meetings and includes the following: expectations for children (child growth and development); how to work with parents; health, safety, and nutrition; discipline; working with children with special needs; family relations (including conflict resolution and communication); and information about resources in the community and career opportunities in child care, especially family child care.

An important component of the Child Care and Family Support Partnership is its documentation effort. The partnership plans to produce and disseminate three reports: the focus-group findings (scheduled to be released summer 1998), a description of strengths and weaknesses of the different outreach strategies, and a report on how this project can enhance community development organizations' capacities to meet local child care needs.

Contact: Toni Porter, Director, Center for Family Support, Bank Street College, 610 West 112th Street, Room 614, New York, NY 10025. Phone: (212) 875-4478.

STRATEGY: Using New Messengers to Reach Out to Kith and Kin Caregivers

Some publicly-supported strategies use new partners and messengers that serve as community resources in a broader sense. In this example, public television stations provide materials and workshops to all in the community who care for children—whether they are parents, relatives, or center- and family-based regulated caregivers.

Help Me Grow and Ohio Educational Television Stations

A Partnership for Children
(Ohio)

The Ohio Family and Children First initiative and Ohio Educational Television Stations (OETS), with financial support from the Ohio Department of Human Services, are embarking on a collaboration to promote healthy early childhood development through "Help Me Grow" themes: "Help Me Be Happy," "Help Me Be Healthy," and "Help Me Learn." The partnership builds on the Corporation for Public Broadcasting's Ready to Learn initiative, designed to help parents and caregivers learn strategies which help children enter school ready to learn. Using public television programming as a resource in conjunction with specially developed materials and other activities, parents and caregivers learn effective ways of reinforcing these early childhood development concepts through daily family activities or during the hours that a child may be in an out-of-home care arrangement. The project began in June 1998 and is funded through the Child Care and Development Block Grant.

Initiative Goals: The focus is two-fold. Parents are targeted to learn the importance of healthy early childhood development and given activities and strategies to help children grow in the development domain, express feelings, and learn self-control. Also

stressed is the importance of immunization, proper nutrition, and identifying safe child care environments. Family child care providers—both licensed and license-exempt—will be exposed to the same topics and learn how to support healthy early childhood development using educational television as a resource.

Program Features: Eight member stations of OETS will undertake a number of activities. They will offer a total of 300 workshops for family child care providers across the state in a wide variety of settings, including libraries, parks, schools, and family homes (modeled after "tupperware parties"). At the workshops, caregivers will receive free materials developed in conjunction with the Corporation for Public Broadcasting's Ready to Learn initiative. All caregivers, irrespective of licensing status, will be targeted. OETS will also develop a statewide workshop curriculum designed around the Help Me Grow themes, establish eight local lending libraries for parents and caregivers, and produce and air four video vignettes. These vignettes will be aired four times each day to promote the current theme and provide information on the next available OETS workshop in the area.

Contact: Susan Ignelzi, Ohio Department of Mental Health, Office of Children's and Prevention Services, 30 East Broad Street, Columbus, OH 43215. Phone: (614) 466-1984.

STRATEGY: Using a Center-based Program as the Hub of Efforts to Reach Out to Kith and Kin Caregivers

Center-based programs seem particularly suited to reach out to kith and kin providers. Many children in part-day programs, for example, are also cared for by relatives, friends, and neighbors while their parents work. It would be possible to adapt parental involvement and home-visiting components of such center-based care to include others who are caregivers for these children. One can imagine, for example, a grandmother or aunt participating in classroom activities each week as well as a parent. The example below is of another sort—a center located in a rural community that serves as a hub for training and other activities for all caregivers in its area, irrespective of whether they are licensed or regulated.

License-Exempt Outreach Project
Clay County Child Care Center
(Clay Center, Kansas)

The Clay County Child Care Center is a large child care and Head Start program in rural Kansas. The Center performs some of the referral and training functions usually assigned to a resource and referral agency.

Initiative Goals: The Center's goal for this outreach program is to create an atmosphere of mutual respect and support for all of Clay County's child care providers—including license-exempt providers—with the result of improved child care quality for all of Clay County's children.

Program Strategy: The Clay County Child Care Center's approach is integrated into many of its efforts, and is not considered a separate, formal program. Rather, the way it addresses the needs of license-exempt providers is interwoven into much of what the Center does. The Center purchased the list of all registered providers from the Kansas Health Department as well as the list of license-exempt homes which are serving families receiving public subsidies. As a policy matter, all the county family day care and kith and kin providers are invited to participate in appropriate child care training sessions.

The Center has had an excellent response from kith and kin providers. Besides opening up training seminars and workshops to all providers, the Center invited everyone on the state list to a "salad supper," complete with door prizes. In this informal setting, family day care and kith and kin providers had an opportunity to learn and ask questions about the training seminars. In another example of "provider-friendly" tactics, the workshops were initially held on Fridays, but providers said that it was difficult to get substitute caregivers on Fridays, so some are now offered on Saturdays.

The Center is pleased with the results of its outreach to kith and kin caregivers. License-exempt providers make up one-third to one-half of the attendance at selected child care workshops offered at the Center. The providers themselves have helped organize a county child care coalition, which is engaged in planning and advocacy activities.

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Contact: Marsha Habluetzel, Director, Clay County Child Care Center, 314 Court, Clay Center, KS 67432. Phone: (913) 632-2795.

STRATEGY: Using the Child and Adult Care Food Program with License-exempt Providers Who Are Regulated as a Result of Receiving Subsidies

In some states, kith and kin caregivers who receive subsidies are eligible for the federal Child and Adult Care Food Program. This program can be a valuable resource to caregivers and a way in which they can receive home visits and become aware of other opportunities to learn more about child development.

Child Care Food Program for Kith and Kin Providers
Child Care Council of Suffolk, Inc.
(Suffolk County, New York)

The Child Care Council of Suffolk (CCCS) is a full-service child care resource and referral agency located in suburban Long Island outside of New York City. In New York, the State Department of Health (DOH) administers the Child and Adult Care Food Program for the U.S. Department of Agriculture (USDA). DOH, in turn, contracts with many of the state's child care resource and referral agencies to administer their local child care food program. CCCS actively recruits kith and kin child care providers who have met standards required in New York for receipt of subsidies to participate in the child care food program.

Initiative Goals: The Child Care Council's goals for this outreach program are simple and clear: to provide financial and program support to this group of often isolated providers, with the hope of improving the quality of early childhood services they deliver.

Program Features: After obtaining the mailing information for subsidized, license-exempt providers from the Suffolk County Department of Social Services, CCCS sends out a friendly letter to each of them. The letter states that they may be eligible for additional money to pay for food for the children in their care. Interested providers then contact CCCS and are invited to an orientation meeting where the details of the child care food program are explained and applications are given out. If the provider expresses interest, a home visit is scheduled. During that visit, the application is finalized and the provider's home is checked to make sure that it satisfies food program regulations regarding adequate food cooking and storage capacity and nutritional monitoring, and general child care health and safety guidelines.

At any given time, about one-third to one-half of the license-exempt providers who are recruited participate in the program. Once their applications are approved, these providers are invited to attend regularly scheduled child care food program meetings at CCCS as well as any workshops CCCS offers to child care providers—for example, workshops on child development, appropriate discipline, and business practices. CCCS is interested in running a support group for the kith and kin providers participating in the food program but has been unable to obtain the resources for this purpose.

Janet Walerstein, CCCS Executive Director, believes that there are two keys to the success of this effort: a belief that it is not necessary to regulate the child care setting in order to improve quality and a good working relationship with the local department of social services. Not all child care resource and referral agencies are able to obtain a list of subsidized providers easily, and not all are in states that are able to use the Child and Adult Care Food Program with license-exempt providers (who are regulated by virtue of receiving subsidies). In such states and communities, recruiting kith and kin providers for the food program may be difficult (or, in fact, impossible) to do.

A significant percentage of license-exempt caregivers naturally evolve into becoming registered family day care providers, but this happens from peer contact rather than from a "push" from CCCS.

Contact: Janet Walerstein, Executive Director, Child Care Council of Suffolk, Inc., 60 Calvert Avenue, Commack, NY 11725. Phone: (516) 462-0444.

STRATEGY: Bringing Resources to Kith and Kin Caregivers

A number of mobile van and lending library approaches have been developed to provide resources and learning materials to other groups. The initiative described below uses such an approach for kith and kin caregivers.

Caring For Kids Initiative
The Florida Children's Forum
(Florida)

Caring For Kids is a statewide initiative, implemented in July 1997, that coordinates efforts in three vital areas of child care services: (1) license-exempt child care, (2) family child care homes, and (3) accreditation of providers. Caring For Kids is a public-private partnership funded through the Florida Department of Children and Families.

Initiative Goals: This initiative's overall goal is to increase the quality and availability of care for Florida's children, concentrating in the following three areas: to increase the quality of informal child care arrangements and encourage these providers to become licensed or registered; to increase the number of licensed family day care homes by 1,000 by June 30, 1998; and to increase the number of accredited centers and family child care homes to more than 1,000 over three years (accredited homes have regulations that exceed those for licensing).

Program Features: In Florida, the use of subsidized, license-exempt child care is significant and expected to grow as a result of welfare reform. To respond to these child care needs, the Caring For Kids initiative focuses on recruiting new family child care providers and improving the quality of care in registered, licensed, and license-exempt settings. Services include mentoring and start-up assistance, financial assistance (mini-grants and loans), and ongoing support, including on-site visits by a resource van to deliver resource materials and to model good practices. Encouragement and support are offered to informal caregivers to become registered or licensed, and to family child care providers to become licensed and accredited.

Contact: Binnie Baker, Director, Child Care Resource and Referral Network, 2807 Remington Green Circle, Tallahassee, FL 32308. Phone: (850) 681-7002.

Program and Policy Implications

The initiatives identified in this issue brief are, for the most part, small in scope and in the planning or early implementation stage. Our understanding of why there were so few identifiable initiatives underway is that although there has been growing interest in and concern about kith and kin and other unlicensed caregivers, many child care policymakers and others remain focused on regulatory strategies—on establishing ways to ensure children's basic health and safety in these settings and on determining payment rates for those receiving subsidies.

The challenges of addressing issues related to kith and kin caregivers are twofold: (1) the research that is needed to point the way to sound policy and program approaches is currently unavailable; and (2) the field is still in the process of developing broader consensus among child care policymakers and professionals about strategies to address issues related to these forms of care.

New research that answers the following questions would be greatly helpful to policymakers and program operators:

- How effective are background and criminal records checks for guaranteeing the safety of children in license-exempt settings?
- How much does the level of payment for subsidized kith and kin child care providers influence the choices of parents? To what degree do payment levels impede the ability of parents to use relatives and friends, and to what degree do they encourage use of such caregivers?
- How long do children tend to stay in any individual arrangement with a kith and kin provider? How does the length of stay differ depending upon the age of the child?
- What are the motivations of parents receiving subsidies to use kith and kin providers? To what degree does their use of these forms of care reflect the inability of parents to find other feasible options? To what degree does it reflect the economic considerations that come with paying relatives and friends (e.g., keeping money in the family) so often pointed

to by child care professionals as the chief motivating force behind parents' choices?

- What are the motivations of kith and kin caregivers? What are their ages and their specific relationships to the children they care for? What kinds of services and supports would they like?
- How do different support strategies work in strengthening kith and kin child care?

Further complicating the issue, consensus is still being reached about the steps that should be taken. Several organizations, most notably the National Association of Child Care Resource and Referral Agencies and others have held forums with member agencies in which issues and ideas have been voiced.[22] However, the field remains divided on this issue, with policymakers and service providers falling along a continuum. At one extreme is the opinion that this care, by its very nature, is of substandard quality; at the other extreme lie romantic, idealized views of kith and kin caregivers as cookie-baking grandmothers. Beliefs in the middle range from grudging acceptance of kith and kin care to respect and support for parents and caregivers.

Although a few areas need more information and consensus building, agreement on several premises can lead to some conclusions about policy directions.

Millions of families have used and will continue to use family members and close friends to care for their children, especially infants and toddlers, while parents work. Therefore, strategies need to be further developed, and tested, to reach out to these providers, especially those who are not "on the grid" because their care is unsubsidized. If the needs of children, families, and caregivers from these settings are not considered in our efforts to help families balance their work and family lives, to help parents work, and to help children to receive nurturing and stimulating care, the field is disregarding the needs of a large proportion of young children and families in this country. A new understanding of the importance of the early years for children's brain development[23] underscores the need to reach out to families with young children and their caregivers in nontraditional ways.

Parental choice means true choice among a variety of child care options. Therefore, efforts to strengthen regulated care, to make it flexible, available, and affordable, as well as efforts to educate consumers about all forms of child care, will help to strengthen parental choice. Studies indicate that parents' decision making about child care is a complicated process that balances many competing criteria—financial cost; family resources, both human and financial; child-rearing values, such as love, education, security, discipline, and safety; logistical considerations, such as convenient hours and location; and attitudes toward maternal employment. Research also indicates that many low-income families have more limited choices because of cost constraints, the unstable and unpredictable nature of their employment, and the child care options available in their communities.[24]

Since their implications are unclear, policies that steer parents toward or away from care by relatives and friends should be considered with caution and carefully evaluated. These policies, by definition, limit parental choice, and no clear conclusions can be drawn about their costs or benefits. States that prohibit using subsidies for relatives and license-exempt family child care homes may force some parents into using care arrangements with which they have much unease or discomfort, such as those who want their baby to be cared for by someone whom they know intimately, or those who work nights and want their children asleep in their own beds, or who cannot find regulated care that matches the hours they work. Such policies may force parents to choose to forego subsidies altogether or to work less (or not at all), all of which may have long-term consequences for children and families. (For families receiving TANF subject to time limits, these consequences may be particularly harsh.) Or such policies may not greatly influence these choices at all. At this point in time, the answers are just not known.

The proportions of subsidies that are used for care by relatives and license-exempt family child care providers range greatly from state to state. Those states with inordinately high or low proportions of license-exempt caregivers should look carefully at this issue, to understand which policies seem to be driving use in a particular direction, and to explore the implications for parents, children, and caregivers.

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Similarly, policies to increase the numbers of kith and kin caregivers should be cautiously considered and carefully evaluated. Kith and kin child care is part of community and family systems about which we know very little. We do not know the ramifications to families, children, and communities if we make an effort to recruit more relatives and friends to be paid caregivers. We do know that the incomes of these caregivers are very limited, even when they receive subsidies. If the goal of efforts to increase the supply of license-exempt child care providers is to enable them to be self-sufficient, then we know that such recruitment efforts will fall far short of this goal unless these caregivers are at the beginning of careers with real earnings potential.

Family members are not, and may never be, professionals and should be approached with this awareness. There are many individuals caring for children who see themselves more as family members than as professionals. However, the child care field has developed a lexicon that relates to developing professionals. We provide parents with opportunities to learn about child development and get support from one another; in contrast, we train those working in child care in business practices, child development, and health and safety issues. For some individuals, it may be more appropriate to build systems that use different language, which in turn reflects a different perspective and approach to relatives and close friends. Such approaches offer individuals opportunities to get together with others who are fulfilling the same family roles, to address their issues as family members who may—or may not—want to provide care for another generation of children, to respect their family contributions, to take their needs seriously, and to help them build on their strengths and value the work they do.

Parents with three- and four-year-old children tend to want them in group learning experiences. Efforts to reach out to families using care by relatives and friends who have preschool children and make part-day and center-based programs known to them should be explored. Research indicates that there is a universal preference among families at all income levels for their three- and four-year-olds to have access to high-quality, center-based early education programs. However, a much lower proportion of children from low-income families than of children from higher-income families participate in such programs.

License-exempt family child care providers remain a major source of professional child care providers. All evidence indicates that kith and kin caregivers are a very diverse group. Just as there are individuals who will never establish and run child care businesses, there are also others who are budding child care professionals who would benefit greatly from becoming involved in family child care recruitment and training efforts. There are many models of successful efforts to thoughtfully build and support family child care homes, and they in no way should be curtailed. Rather, given the diversity of child care, any one particular approach alone is unlikely to address the needs of all kith and kin caregivers.

Dialogue among families, caregivers, and those working in the child care, family support, and community development fields is needed at all levels. The work of NCCP and other organizations has led to fruitful dialogue within the child care field that has helped identify issues, concerns, promising models, and potential effects of child care policies. However, child care by kith and kin is an issue that can benefit from similar dialogue held among others also concerned with the well-being of children and families in a holistic sense—that is, those in the family support and community development fields. More importantly, professionals working in all three of these areas would greatly benefit from increased dialogue with parents and caregivers themselves. This input appears to be missing in many states and communities, and it has the potential to greatly change the nature of ongoing discussions and debates, centering them more squarely on families' own perceptions of the strengths and weaknesses of the care options that they perceive themselves to have.

Research is needed. As stated before, additional research on caregivers, families, policies, and their consequences will greatly enhance the ability of those working in child care and related fields to address issues related to child care by kith and kin adequately.[25]

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Conclusion

As the early childhood field struggles to acknowledge kith and kin child care and works to address issues related to it, hundreds of thousands of low-income children are in such care every week. One participant at a recent meeting eloquently asked, "How long will we wait to go to where the children are?"[26] This issue brief documents several important strategies that individuals in states and communities are using to reach these children and their caregivers. It is the hope of the writers of this issue brief that in the near future, there will be much more information about program approaches, research findings, and consensus-building activities upon which future work can be built.

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21. The Starting Points initiative grew out of the work of the Carnegie Task Force on Meeting the Needs of Young Children, which in 1994, called for an action agenda to help America's youngest children and their families. In 1996, 14 Starting Points grants were awarded—eight to states, four to cities, and two to city/state partnerships—to model recommendations of the Task Force to promote responsible parenthood, guarantee quality child care choices, ensure good health and protection, and mobilize communities to support young children and families.

See Carnegie Task Force on Meeting the Needs of Young Children. (1994). *Starting points: Meeting the needs of our youngest children*. New York, NY: Carnegie Corporation of New York.

Knitzer, J.; Collins, A; Oshinsky, C; Stout, L.; Weiss, H.; Schilder, D.; Riel, E.; Smith, J. C. & Strategic Partners from the Starting Points Sites. (1997). *Starting points: Challenging the "quiet crisis:" A description of the Starting Points sites*. New York, NY: National Center for Children in Poverty, Columbia School of Public Health and Cambridge, MA: Harvard Family Research Project, Harvard University Graduate School of Education.

22. See Anderson in reference 20.

23. See Shore, R. (1997). *Rethinking the brain: New insights into early development*. New York, NY: Families and Work Institute.

National Center for Children in Poverty. (1997). *Poverty and brain development in early childhood* [Fact Sheet]. New York, NY: National Center for Children in Poverty, Columbia School of Public Health.

24. See Mitchell, Cooperstein, & Larner in reference 5.

25. The National Low-Income Child Care Study was recently funded by the Administration for Children and Families of the U.S. Department of Health and Human Services, and is being conducted by Abt Associates, with NCCP as a subcontractor. The study will take place in 25 communities, located in 17 states. In five of these communities, children and child care arrangements of low-income families will be tracked over the course of three years, with an emphasis on examining issues related to relative and small family child care homes. The goal of the five-year study is to help shed light on some of the pressing research questions that have been stated in this issue brief.

26. Butler, J. (1996). Remarks. In National Center for Children in Poverty. (1996). Proceedings of the Urban Child Care Leadership Meeting, sponsored by National Center for Children in Poverty, October 4, 1996, New York City. Unpublished work.

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Child Care by Kith and Kin–
Supporting Family, Friends, and Neighbors Caring for Children

Overview

The child care field has worked for decades to support programs that will provide children with growth-enhancing child care that will enable them to be ready for school. However, it is easy to forget that many children are in the care of family, friends, and neighbors while their parents work. These caregivers, also referred to as kith (friends) and kin (family) and sometimes as informal providers, often serve as a cornerstone to support families as they manage work and child rearing obligations. Research indicates that parents' choice of kith and kin caregivers reflects a variety of considerations:

- *Child's age*. Many parents prefer home-based care by familiar individuals for infants and toddlers.
- *Scheduling needs*. Many parents need care part-time or during nontraditional hours, such as night or weekend shifts, when formal child care cannot be arranged, and when parents may prefer to have their children in their own homes, anyway.
- *Variable and unpredictable work obligations*. Many parents do not work predictable hours or have permanent jobs and therefore cannot use family child care businesses and child care centers.
- *Availability of alternatives*. Some low-income neighborhoods lack formal child care programs. In addition, certain alternatives may not be acceptable to parents who speak no English, cherish a particular culture, or are fearful of emotional or physical abuse.
- *Cost*. When cash is in short supply, families may turn to kith and kin caregivers who will help for little pay or barter.

While child care by kith and kin may be the oldest form of care, it has only relatively recently received significant attention from policymakers. Issues first surfaced in the late 1980s, when states were required to use federal subsidies to pay for all legal forms of child care. The passage of the 1996 federal welfare law brought wide consensus that success in moving large numbers of parents receiving cash assistance into the workforce will result in increased subsidies going to kith and kin caregivers.

Program and Policy Approaches for Kith and Kin Caregivers

Traditional policy and program approaches for kith and kin caregivers tend to concern themselves with ensuring that those receiving public subsidies comply with sufficient regulations, receive correct payment rates, and be recruited to become formal child care providers. However, research indicates that some kith and kin caregivers do not see themselves as professionals and therefore at least some of these approaches may not be sufficient to strengthen such care. Few efforts are underway to reach out to kith and kin caregivers who are not interested in becoming family child care businesses, which may be a significant proportion of those caring for children. However, in the last six months, NCCP has identified a number of new and emerging strategies to engage kith and kin child care providers and the families they serve. These include:

- Reaching out to kith and kin caregivers as part of state- or community-wide efforts to boost the quality of all forms of child care;

- Using family support models to engage kith and kin caregivers and pay attention to cultural issues;
- Using new messengers to reach out to kith and kin caregivers;
- Using a center-based program as a hub of efforts directed at kith and kin caregivers;
- Using the Child and Adult Care Food Program with license-exempt providers who are regulated as a result of receiving subsidies; and
- Bringing resources to kith and kin caregivers.

Implications and Recommendations

Based on its survey of current research, policies, and program strategies related to kith and kin child care, NCCP has arrived at the following conclusions:

- Millions of families use and will continue to use kith and kin to care for their children. Therefore, strategies need to be further developed and tested to reach out to these providers.
- Family members who care for children while parents work are not, and may never be, professionals and, with this awareness, should be approached using family support strategies.
- Parental choice means true choice among a variety of child care options. Therefore, efforts to strengthen regulated care, to make it flexible, available, and affordable, will help strengthen parental choice and help those families who would turn to formal child care if it better met their needs.
- Parents with three- and four-year old children tend to want them in group learning experiences. Efforts should be explored to reach out to families whose preschool children are cared for by relatives and friends to make part-day and center-based programs known to them.
- Dialogue among families, caregivers, and those working in the fields of child care, family support, and community development is needed at all levels.
- Research is needed to enhance the ability of those working in child care and related fields to address issues related to child care by kith and kin adequately.

Conclusion

As the early childhood field struggles to acknowledge kith and kin child care and works to address issues related to it, hundreds of thousands of low-income children are in it each week. This issue brief documents important strategies that individual states and communities are using to reach out directly to children and their caregivers. As one participant at a recent child care meeting said, it's time to "go to where the children are."

For more information about programs pursuing these strategies and contact information, as well as research citations, please refer to Children and Welfare Reform Issue Brief 5: *Child Care by Kith and Kin—Supporting Family, Friends, and Neighbors Caring for Children*. Copies of the full publication are available for $5.00 each from NCCP, 154 Haven Avenue, New York, NY 10032; Tel: (212) 304-7100; Fax: (212) 544-4200 or 544-4201; E-mail: nccp@columbia.edu. Checks should be made payable to Columbia University.

This issue brief is supported by the A.L. Mailman Family Foundation. NCCP takes responsibility for the facts and opinions presented therein.

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